

DHHS Agreement #: _____
Encumbrance #: _____

**STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Agreement to Purchase Services**

THIS AGREEMENT, made this _____ day of _____, _____, is by and between the State of Maine, Department of Health and Human Services, hereinafter called "Department," and _____ mailing address _____ physical address _____

hereinafter called "Provider, for the period of _____ to _____.

The Employer Identification Number of the Provider is _____.

WITNESSETH, that for and in consideration of the payments and agreements hereinafter mentioned, to be made and performed by the Department, the Provider hereby agrees with the Department to furnish all qualified personnel, facilities, materials and services and in consultation with the Department, to perform the services, study or projects described in Rider A, and under the terms of this Agreement. The following riders are hereby incorporated into this Agreement and made part of it by reference:

Rider A -- Specifications of Work to be Performed
Rider B -- Payment and Other Provisions
Rider C -- Rider B Exceptions
Rider D -- Additional Requirements
Rider E -- Program Requirements
Rider F -- Budget; F-1 Agreement Settlement Form; F-2 Agreement Compliance Form
Rider G -- Provision of Contract Services by Foreign Nationals or Work Performed Abroad
Rider I -- Assurance of Compliance

IN WITNESS WHEREOF, the Department and the Provider, by their representatives duly authorized, have executed this agreement in one original copy.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

By: _____

Geoffrey W. Green, Deputy Commissioner for Operations and Support

And

By: _____

Name and Title, Provider Representative

Total Agreement Amount: \$ _____

Approved: _____

Chair, State Purchases Review Committee